					THE DIVISION OF I	HEALTH	I OF MISSOURI		357	6.0	
a	F D	N 00	4053	\$1	ANDARD CERT	TIFICA	TE OF DEATH		J <i>f</i>	STATE EI	-2.3.4
		N 28	195 / Registration Dist	rict No	149	Prin	nary Registration Dist	rict No.	1002		
		ATH	Jackson				2. USUAL RESID a. STATE		re deceased live Iri b. COL	d. If institu JNTY Jac	kson Residence before
	OR	tside com			• * •		c. CITY OR TOWN	Kansas	City		Inside Limits Yes No [
	IOSPITAL (OR .			- 1 -		d. STREET	1900 E	(If outside, give. 11th	e location)	Reside on Farm Yes No 📆
		EASED	First		Middle		Last		4. DATE	Month	Day Year
(I YE	e or print)		Wanda	ì	Lee		Miller	,	OF DEATH	June	6, 1957
SEX	3	6. (COLOR OR RACE	7. MARR	IED WEVER MARR	IED	8 DATE OF BIRTI	4	9. AGE (In year	. IF UNDER	I YEAR IF UNDER 24 HR
Гe	nale		Negro						lest birthde 30	y) Months	Days Hours Min.
a. USU durir	House	TION (GIV rking life, Vife	e kind of work done even if retired)							1	ZEN OF WHAT COUNTRY?
					135. MOTHER'S MAI	DEN NA					
Will Box					Lillie Fisher				Alex Miller		
. WAS	DECEASED I	VER IN L (If yes, gi	J. S. ARMED FORCE ive war or dates of se	5? orvice)				ams, b			larrison
18.	CAUSE OF PART I.		(Enter only one cau I WAS CAUSED BY ATE CAUSE (a)	Mult:	e for (a), (b), and (c)).) nal :	injuries, e	xtent	undeterm	ined,	INTERVAL BETWEEN ONSET AND DEATH
	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) My				elogenous leukemia						E978XH
•	PART, B.	OTHER S	IGNIFICANT.CONDI								19. WAS AUTOPSY PERFORMED? YES ☐ NO 🕱
20a.	ACCIDENT	SUICIE	DE HOMICIDE						PART I or PAR	T.II of item	.18.) 7.5
20c.	TIME OF INJURY 3:20	•									
WHIL	EAT - N	OT WHIL		, factory,	street, office bldg.	etc.)	Xana	مين ر	la	county	STATE
21. I attended the decease from 5-14-57 to 6-6-57 and last same alive of 6-6-57 Death occurred at 3:28 P m on the date stated above; and to the best of my knowledge, from the causes stated.										<u></u>	
. 22a.	SICHATUR	. 5	X de	(0.	Title).	42		. 22nd	Street		22c. DATE SIGNED 6-11-57
			J	234	. NAME OF CEMETE	RY OR C	REMATORY	23d. LOCA	TION (City, town,	or county)	(State)
	VAL (Specif	y)	12-57	. -		- `		Arricae	lalahin	7	200
REMO •Re FUNE	WAL (Specif MOVA) RAL DIREC	y) 6== ror	12-57	DDRESS	<u> </u>	,	TE RECD. BY LOCAL		ielphia, REGISTRAR'S SIG	Arkans	sas
REMO •Re FUNE	WAL (Specif MOVA) RAL DIREC	y) 6== ror	12-57	DDRESS	^B enton B1	,	TE RECD. BY LOCAL	REG. 26.	REGISTRAR'S SIG	Arkans	sas olulo
	D. PLA o. C. F. Fel. NAMM (Type o. SEX Fel. Wij Was I	Decided the Decided Control of the Decided Co	D. PLACE OF DEATH a. COUNTY b. CITY (If outside condended on the condended of the condend	b. CITY (If outside corporate limits, give OR TOWN KANSAS CENTROWN KANSAS CENTROWN KANSAS CENTROWN GENERAL FIRSTITUTION GENERAL FIRSTITUTION GENERAL FIRSTITUTION GENERAL FIRSTITUTION GENERAL FIRSTITUTION GENERAL FIRSTITUTION WANDER TOWN WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WILL BOX. WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WILL BOX. WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WILL BOX. WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WILL BOX. WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WILL BOX. WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WILL BOX. WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WILL BOX. WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WILL BOX. WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WILL BOX. WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WILL BOX. WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WILL BOX. WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WILL BOX. WAS DECEASED EVER IN U. S. ARMED FORCE OF TATHER'S NAME WAS CAUSED BY IMMEDIATE CAUSE (a) **OUTHER OF DEATH (Enter only one cause (a), Stating the under lying cause last. **DUE TO (b) **OUTHER TO (b) **OUTHER TO (c) **OUTHER TO	PLACE OF DEATH o. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIF OR Kansas City c. FULL NAME OF (If NOT in hospital, give location HOSPITAL OR INSTITUTION General #2 D. NAME OF DECEASED First (Type or print) Wanda SEX SEX 3 6. COLOR OR RACE Town WIDOV during post of working life, even if retired) HOUSEWITE a. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired) INDI 18. CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to have cause (a), storing the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CON	PLACE OF DEATH O. COUNTY Dacks on b. CITY (If outside corporate limits, give TOWNSHIP only) OR KANSAS City C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR General #2 11 yrs 1. NAME OF DECEASED (Type or print) Wanda Lee SEX O. COLOR OR RACE WIDOWED OUTON O	PLACE OF DEATH O. COUNTY D. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C. MARE OF DECEASED (Type or print) NAME OF DECEASED Female O. COLOR OR RACE SEX O. COLOR OR RACE Town MARRIED WIDOWED OIN ORCED OIN MARRIED WIDOWED OIN NOTE: MARRIED WIDOWED OIN NOTE: MARRIED WIDOWED OIN NOTE: MARRIED OIN NOTE: MARRIED WIDOWED OIN NOTE: MARRIED NOTE: MARRIED WIDOWED OIN NOTE: MARRIED NOTE: MARRIED OIN NOTE: MAR	PLACE OF DEATH C. COUNTY Jackson Date County Jackson County County	PLACE OF DEATH COUNTY Jackson County County County Jackson County County County County County County	Primary Registration District No. Primary Registration Distric	PLACE OF DEATH COUNTY Jackson County Jack

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

working under my personal supervision.

waltifue intermal injeries, earest smooth mirra,

Signature of Student Embalmer

Signature of Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. . - - - If this body is not embalmed, fact should be so stated above.

รถเริ่มนอด ได้แม้ เหมาดหมา อุปเอริสานี อังเดรา (19)